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M E D I C A L O F F I C E R O F H E A L T H :

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P U B L I C H E A L T H I N S P E C T O R :

Mansel Hughes, M.R.S.H., M.A.P.H.I.

(1)

NEW QUAY URBAN DISTRICT COUNCIL

Chairman 1970/71

Councillor Ivor Pursey

Chairman 1971/72

Councillor Cadwel Davies

The Council consists of nine members including the Chairman.
All matters concerning the Public Health are considered by
the whole Council.

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To the Chairman and Members of
New Quay Urban District Council

PREFACE

I have pleasure in presenting the Annual Report of the Public Health Department for the year 1971.

The number of live births registered during the year was eight, the same number as last year. There was one registered stillbirth but no infant died before the first birthday. No woman died as a result of pregnancy, childbirth or abortion.

The number of registered deaths was sixteen, a decrease of one from the figure for 1970. Seven people died of heart disease, four of cancer and two of 'stroke'.

There were no unusual outbreaks of infectious disease during 1971. No new case of tuberculosis was notified during the year, and no person died of the disease. In order to trace all contacts of a notified case of tuberculosis, the Department works in conjunction with the local chest physician.

In my Annual Report last year, I referred to the hazards of drug-taking in the hope that an increased awareness of this problem would help to prevent its escalation in our own district. This year I would like to draw your attention to a hazard which kills more males under forty years of age than any other cause, and which is the third greatest killer of females under the age of forty. I refer of course to road traffic deaths. A recent resolution of the World Health Organization (1970) emphasized that road traffic deaths and injuries are a major public health problem.

In recent years there have been about 7,000 deaths annually in Great Britain, 90,000 serious injuries and a quarter of a million slight injuries due to road accidents. In 1971, the exact number of people killed on the roads was 7,696. This number of deaths for 1971 was 1,000 more than the number of American Servicemen killed in Vietnam in the two years 1970 and 1971.

Road traffic accidents are the chief cause of deaths, among males up to the age of forty, numbering 30 per cent more than respiratory diseases, 50 per cent more than the cancers, twice the heart diseases and eight times the infectious diseases. Deaths of females from traffic accidents are about half those of males, but even so, up to the age of forty they rank third after respiratory diseases and the cancers, and kill twice as many as do infectious diseases (Registrar General 1971).

In 1972 the Department of the Environment published a review of road deaths in Britain and in this review it was stated that "No fewer than 37,500 fatal and serious casualties in 1970 were drivers or front-seat passengers of cars or light vans. If everyone had taken the trouble to buckle on the belts that were hanging unused in their vehicles, some 15,000 of these casualties would have been avoided". This statement is supported by the experience in the state of Victoria, Australia where compulsory seat-belt wearing came into force on Boxing Day 1970. When road deaths for the first six months of 1971 (when Victoria alone had introduced compulsion) were compared with the corresponding period in 1970, it was found that in Melbourne the number of deaths had been reduced by 24.8 per cent compared with a reduction of only 1.5 per cent for the rest of metropolitan Australia.

In Britain in 1970 it was possible to obtain information from survivors regarding 2,264 drivers or front seat passengers killed on the roads and it was

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found that 2,130 had not been wearing seat belts. Recent figures show seat belt wearing rates of only 32 per cent on motorways and 23 per cent on A roads. Perhaps a device that prevents the car being driven unless seat belts are worn is the answer here.

Medical conditions, excluding the effects of alcohol, fatigue and personality factors, are thought to account for less than 1 per cent of road accidents. Medical assessment of fitness to drive is now statutory for drivers of heavy-goods vehicles and public service vehicles and an applicant for an H.G.V. or P.S.V. licence should conform to the strictest standards of fitness. There are of course standards of fitness laid down for drivers of private vehicles, but it is known that, unless disabling attacks occur, only a small proportion of applicants for a Driving Licence disclose their particular medical condition. However, more stringent regulations would be likely to lead to greater concealment and might thus increase the risks.

In Cardiganshire in 1971 there were eleven deaths due to road traffic accidents and of these eight were between the ages of five and thirty-four. The total number of deaths from all causes in this age group in the county in 1971 were sixteen. So of these sixteen young deaths, half were due to road traffic accidents.

Fundamentally the three factors concerned in road traffic accidents are the man, the vehicle and the environment and an appraisal of the relative parts played by each of these alone and in combination has shown that in 85 per cent of accidents the driver was responsible in part or in whole and in only 15 per cent were the vehicle and/or environment primarily concerned. Almost half the accidents were caused by driver-environment interaction, and about 15 per cent were caused by driver-vehicle-environment interaction.

Thus the prevention of road traffic accidents depends upon the driver to a much greater extent than it does upon the vehicle or the environment. Hence in the prevention of road traffic accidents it appears to be far more important to have safer drivers than to have safer vehicles or a safer environment.

To promote safer driving by the individual it is first necessary to discover the causes of unsafe driving in order to be in a position to advise the individual driver.

At the outset it is important to realize that among private motorists it is impracticable to test for "accident proneness" with a view to withholding licences from those who fail the tests. Secondly, it must be appreciated that in certain circumstances on the road, everyone is at risk. Some of these circumstances will now be summarized:-

The most important factor in the production of fatigue associated with prolonged driving is the time of day when driving is undertaken. Assuming the normal diurnal rhythm, it has been shown that physiologically an individual is at his lowest ebb around 4.00 a.m., with a rapid rise in performance to 11.00 a.m. and then a slow rise until 9.00 p.m. when his alertness reaches its zenith. Therefore, a private motorist should arrange to avoid ending a prolonged period of driving during the early hours, and those who employ long distance drivers should ensure that shifts are not frequently changed and that a stable work-schedule obtains.

Since it has been shown that in a spell of driving lasting twelve hours with the usual meal breaks drivers initiate 50 per cent more risky overtaking in the last three hours than in the first three hours, then a driver should arrange that the latter parts of a period of prolonged driving do not coincide with his physiological trough of alertness.

A motorist who finds himself incurring near-accidents from hazardous overtaking manoeuvres, being surprised by crosstraffic at crossroads, braking at the last minute and crashing the gears should book in at the nearest hotel before driving fatigue causes him to be involved in a fatal accident.

Besides its association with driving fatigue, overtaking deserves to be considered on its own. It seems obvious that the danger of overtaking increases as closing speeds increase - in other words the less time a driver has to spare, the more time he needs to react but this implication to some drivers is not so obvious - that if there is any doubt about overtaking it should be postponed.

Psychological research has shown that risk-taking increases when environmental circumstances delay the attempt to perform the manoeuvre. In driving, this means that a driver frustrated in his initial overtaking attempt, may attempt a far more hazardous overtaking manoeuvre at the next opportunity. It has also been shown that an individual will take more risks in driving, when he is a member of a group of drivers.

The previous reference to closing speeds in overtaking leads naturally to an appraisal of speed per se in its relation to road safety. The fast driver and the slow driver are more often involved in road accidents than the average-speed driver, and the speeds may be related to aggressiveness and age of driver. Casualties in drivers and passengers can be reduced by up to 50 per cent when the 30 m.p.h. speed limit is enforced by increased police patrols, and conspicuous radar speed meters.

Perception of speed becomes more unreliable as speed increases. Therefore, the fast driver should be aware that he is making it difficult for other drivers to estimate his speed, and is obliging them to make snap decisions which may not always be the correct ones. Though the casualty rates per vehicle/mile are

higher in urban areas the severity of injuries is 50 per cent greater in the higher speed rural areas.

Another important physiological factor bearing upon road traffic accidents is reduced visibility. In poorly lighted towns there are proportionately more accidents due to drivers failing to detect pedestrians and cyclists than in well lighted towns and 70 per cent of collisions between light vehicles and the rear of heavy lorries occur during the hours of darkness. Fog is another hazard facing the driver, who on the one hand has to drive at a speed which will enable him to stop if something suddenly appears on the road in front of him, and on the other hand is obliged to maintain a certain speed in a line of cars. Using peripheral vision, corners can be safely taken at 40 m.p.h. though the windscreen is completely opaque - thus in a fog the more a driver's forward vision is occluded, the faster he tends to drive because he relies on peripheral vision and at slow speeds peripheral stimuli are weak. In fog a safe driver will relate his speed to his forward visibility and not to the peripheral stimuli he is receiving.

In the featureless environment of a fog the vehicle ahead provides the only cue as to distance, and the driver is apt to approach this vehicle until it becomes as clear to him as it would be if there were no fog - in other words he is driving much closer to the preceding vehicle than he would in normal conditions - this well established psychological theory of "perceptual constancy" is the cause of "motorway madness".

Though most of the stimuli reaching the driver are visual, it is true that auditory stimuli can displace visual stimuli because they are received on the same "channel" - this means that a driver carrying on an intelligent conversation while driving in a busy street is not driving safely. Similarly using a mobile telephone or recording device creates an auditory distraction which results in a

decrement of driving skill as a result of divided attention, quite apart from the distraction caused by the manipulation required to operate the equipment. However, if the driver is aware that the auditory stimuli are redundant, as far as his planned course of action in relation to his vehicle is concerned, then the auditory stimuli may in fact stimulate the fatigued driver, as does a car radio, whose stimulatory effect offsets its distracting auditory effect.

It is sobering to realize that even one glass of sherry impairs driving capacity in spite of the fact that the driver knowingly tries to compensate by driving more carefully and more slowly. The present maximum permitted blood alcohol level of 80 mg./100 ml. is a very liberal one as far as the driver is concerned, and it should be realized that a much lower level of blood alcohol results in impairment of driving efficiency.

The low alcohol intake common among social drinkers increases the risk of road traffic accidents when unexpected circumstances occur. The only advice that can be given to those who drink and drive is - Don't.

At the beginning I stated that it was impracticable to test private motorists for "accident proneness", but I would now qualify this statement by saying that certain sections of the population cause more accidents than others. It has been shown repeatedly that the extrovert is more likely to be convicted of careless driving than the driver with normal or introvert personality. This adds support to the finding that drivers with an aggressive temperament are more likely to be involved in accidents than normal driver.

On good statistical evidence, Insurance Companies realize that young drivers tend to be unsafe, for the casualty rate per mile driven for the late teenage group is five times the rate for all ages. It has also been shown that persons with serious road traffic offences have more than their share of criminal offences

and American work has demonstrated correlation between cities with high road deaths and high homicide and suicide rates.

It is often stated that women drivers are unsafe, and this idea is supported by the fact that women do not possess such good spatial perception as men do. In spite of this it is a fact that women take less risks than men, and are involved in only half the accidents incurred by men of the same age groups.

In conclusion, road traffic accidents are likely to occur after prolonged driving, during overtaking manoeuvres, in group driving, at fast speeds, when visibility is reduced, when seat belts are not worn, when a mobile telephone has to be answered or there is a demanding talkative passenger and the lowest detectable blood alcohol level is present, especially in aggressive young men.

Road safety depends upon your awareness of your own personality and limitations, and of the tragedy you may bring to others as well as to your family and yourself.

A more detailed account of the work of the Public Health Department, including a portion by the Public Health Inspector, will be found in the following pages.

At Gadeirydd ac Aelodau Cyngor
Dosbarth Trefol Cei Newydd

RHAGAIR

Pleser imi yw cyflwyno Adroddiad Blynnyddol yr Adran Iechyd Cyhoeddus am y flwyddyn 1971.

Cofrestrwyd wyth o fabaned a anwyd yn fyw yn ystod y flwyddyn; yr un nifer ac yn y flwyddyn cynt. Cofrestrwyd un marw-anedig ond ni bu farw un baban cyn cyrraedd un mlwydd oed. Ni bu farw un fenyw am ei bod yn feichiog, ac ni chafwyd un marwolaeth ar enedigaeth na thrwy erthyliad.

Cofrestrwyd un-deg-chwech o farwolaethau; un yn llai na'r nifer am 1970. Cyfrif clefyd y galon am saith o'r marwolaethau hyn, y cancer am bedwar a'r strôc am ddau.

Ni bu clefydau heintus anarferol yn ystod 1971. Ni chafwyd un achos newydd o'r ddarfodedigaeth ac ni bu farw un person o'r clefyd hwn. Er mwyn dod c hyd i bob person a fu mewn cyffyrddiad a'r achos gwybyddus o'r ddarfodedigaeth, y mae'r Adran yn cydweithredu a'r arbenigwr lleol yn y maes hwn.

Yn fy Adroddiad Blynnyddol y flwyddyn ddiwethaf cyfeiriais at beryglon cymeryd cyffuriau, yn y gobaith y byddai ymwybyddiaeth gynyddol o'r broblem hon yn help i atal ei chynnydd yn ein hardal ni. Eleni, hoffwn dynnu eich sylw at berygl sy'n lladd mwy o wrywod o dan ddeugain oed na dim achos arall, ac sydd y trydydd lladdwr mwyaf o fenywod o dan ddeugain oed. Cyfeiriau wrth gwrs at farwolaethau ar y ffyrdd. Pwysleisiodd penderfyniad diweddar a wnaed gan Cyndeithas Iechyd y Eyd (1970) fod marwolaethau a niweidiau ar y ffyrdd yn un o broblennau mawr iechyd cyhoeddus.

Yn y blynyddoedd diweddaf ym Mhrydain Fawr, fe gafwyd 7,000 o farwolaethau yn flynyddol, 90,000 o niweidiau difrifol a chwarter miliwn o fân niweidiau fel canlyniad i ddarweiniau ar y ffyrdd. Yn 1971, union rif y bobl a laddwyd ar y ffyrdd oedd 7,696. 'Roedd y rhif yma o farwolaethau am 1971, yn 1,000 yn fwy na'r rhif o filwyr Americanaidd a laddwyd yn Vietnam yn ystod y ddwy flynedd 1970 a 1971.

Darweiniau ar y ffyrdd yw prif achos marwolaeth ymysg gwrywod hyd at ddeugain oed, yn rhifo 30 y cant yn fwy nag afiechydon respiradol, 50 y cant yn fwy na chancr o bob math, dwywaith yn fwy nag afiechydon y galon ac wyth gwaith yn fwy nag afiechydon heintus. Mae marwolaethau benywod o ddarweiniau ar y ffyrdd tua hanner rhai'r gwrywod, ond hyd yn oed wedyn, i fyny hyd at ddeugain oed maent yn drydydd prif achos marwolaeth ar ôl afiechydon respiradol a chancr o bob math, ac yn lladd dwy waith cymaint ag â wna afiechydon heintus (Cofrestrydd Cyffredinol 1971).

Yn 1972 fe gyhoeddodd Adran yr Angylchfyd arolwg o farwolaethau ar y ffyrdd ym Mhrydain ac yn yr Arolwg yma fe ddywedir "Nid oedd llai na 37,500 o bobl a gafodd niweidiau angheuol neu ddifrifol yn 1970 yn yrrwyr neu'n deithwyr set flaen mewn ceir neu faniau ysgafn. Petai pawb wedi trafferthu i ddefnyddio y gwregysau (belts) oedd yn crogi heb eu defnyddio yn eu cerbydau, gallai tua 15,000 o'r niweidiau hyn fod wedi cael eu hosgoi". Cefnogir y datganiad yma gan y profiad a gaed yn nhalaiith Victoria, Awstralia lle daeth gwisgo gwregys-âdd yn orfodol ar ddydd San Steffan 1970. Pan gynharwyd marwolaethau ar y ffyrdd am chwe mis cyn-
 taf 1971 (pan oedd Victoria yn unig wedi cyflwyno gorfodaeth) gyda'r cyfnod cyf-
 atebol yn 1970 fe welwyd fod y nifer o farwolaethau yn Melbourne wedi gostwng
 24.8 y cant o'i gynharu â gostyngiad o 1.5 y cant yn unig yn y gweddill o
 Awstralia fetropolitan.

Yn Mhrydain yn 1970 'roedd yn bosibl cael gwybodaeth gan oroeswyr mewn perthynas i 2,264 o yrrwyr neu deithwyr sêr flaen a laddwyd ar y ffyrdd a chanfyddwyd nad oedd 2,130 o'r rhain yn gwisgo gwregysau sêdd. Dengys ffigurau diweddar na wisgir gwregysau sêdd ond gan 32 y cant ar draffyrdd a 23 y cant ar ffyrdd A. Efallai mai dyfais i rwystro modur i gael ei yrru os na wisgir gwregysau sêdd yw'r ateb yma.

Credir fod cyflyrau meddygol, ag eithrio effeithiau alcohol, blinder a nodweddion personoliaeth, yn gyfrifol am lai nag 1 y cant o ddamweiniau ar y ffyrdd. Mae archwiliad meddygol o gynhwyster i yrru yn awr yn angenrheidiol ar gyfer gyrrwyr cerbydau nwyddau-trwm a cherbydau gwasanaeth cyhoeddus a dylai ymgeisydd an drwydded C.N.T. neu C.G.C. gydymffurfio â'r safonau llymaf o ran addasrwydd. Mae, wrth gwrs, safonau addasrwydd ar gyfer gyrrwyr cerbydau preifat, ond fe wyddis, os nad oes ymosodiadau sy'n analluogi person yn digwydd, dim ond nifer fyddan o ymgeiswyr am Drwydded Gyrru sy'n dadlennu eu cyflwr meddygol arbennig. Fodd bynnag, byddai rheolau caethach yn fwy tebygol o arwain i fwy o gelu'r gwirionedd ac felly gynyddu y peryglon.

Yng Ngheredigion yn 1971 'roedd un-ar-ddeg o farwolaethau fel canlyniad i ddamweiniau ar y ffyrdd ac o'r rhain 'roedd wyth rhwng yr oedrannau pump a thriddeg-pedwar. Cyfanswm marwolaethau o bob math o achosion yn y grŵp oedran yma yn y Sir yn 1971 oedd un-ar-byntheg. Felly, o'r un marwolaeth ar byntheg ifanc hyn, 'roedd eu hanner wedi eu hachosi gan ddamweiniau ar y ffyrdd.

Yn sylfaenol, y tair ffactor ynglyn â damweiniau ar y ffyrdd yw'r dyn, y modur, a'r angylchfyd ac fe ddangoswyd mewn prisiad o'r rhan perthynol a chwaraeir gan bob un o'r rhain yn unigol ac mewn cyeuniad mai mewn 85 y cant o ddamweiniau y gyrrwr oedd yn gyfrifol yn rhanol, neu yn gyfangwbl a dim ond mewn 15 y cant yr oedd y cerbyd ar/neu'r angylchfyd yn bennaf gyfrifol. Achoswyd bron

hanner y damweiniau gan ryngweithiad gyrrwr-angylchfyd ac achoswyd tua 15 y cant gan ryngweithiad gyrrwr-cerbyd-angylchfyd.

Felly, mae atal damweiniau ar y ffyrdd yn dibynnu llawer mwy ar y gyrrwr nag ydyw ar y cerbyd neu'r angylchfyd. Felly, er mwyn atal damweiniau ar y ffyrdd mae'n ymddangos yn llawer mwy pwysig sicrhau gyrrwyr saffach nag ydyw i gael cerbydau saffach neu angylchfyd saffach.

Er mwyn hyrwyddo gyrru mwy gofalus gan yr unigolyn rhaid i ddechrau ganfod achosion dreifio anniogel er mwyn bod mewn sefyllfa i gynghori y gyrrwr unigol.

Ar y dechrau mae'n bwysig sylweddoli ei bod yn anymarferol ymhlith gyrrwyr moduron preifat i osod prawf am "dueddiad i ddarwain" ('accident proneness') gyda'r bwriad o atal y rhai sy'n methu'r prawf rhag cael trwydded. Yn ail, dylid sylweddoli, dan rai angylchiadau ar y ffordd fod pawb yn wynebu perygl. Fe geisir yn awr grynhwyl rhai o'r angylchiadau hyn:-

Y ffactor bwysicaf pan gynhyrchir blinder neu ludded mewn cysylltiad â dreifio hir yw'r adeg o'r dydd pan fydd dreifio yn cymryd lle. Gan gymryd yn ganiaetol rhythm dyddiol normal, fe ddangoswyd fod unigolyn yn seicolegol ar ei fan isaf tua 4.00 a.m. gyda chynnydd cyflym mewn perfformiad hyd 11.00 a.m. ac yna cynnydd araf hyd 9.00 p.m. pan fydd ei fywiogrwydd wedi cyrraedd ei uchafbwynt. Felly, dylai modurwr preifat geisio osgoi gorffen cyfnod o yrru naith a hir yn ystod yr oriau cynnar, a dylai'r rhai sy'n cyflogi gyrrwyr pellter hir sicrhau na newidir 'shifts' yn rhy aml a bod amserlen-naith sefydlog i'w chael.

Gan iddo gael ei brofi mewn cyfnod o ddreifio yn para deuddeg awr, gyda'r amserau arferol i brydau bwyd, fod gyrrwyr yn dechrau 50 y cant yn fwy o oddiweddyd peryglus (risky overtaking) yn ystod y tair awr olaf nag yn y tair awr gyntaf, yna dylai gyrrwr drefnu nad yw rhan olaf ei ddreifio hir ddim yn cyfateb i'r amser pan fydd ei fywiogrwydd ffisiolegol ar ei fan isaf.

Dylai modurwr sy'n canfod eu hun bron yn achosi danweiniau oherwydd symudiadau o oddiweddyd peryglus, sy'n cael ei synnu gan groesdraffig ar groesffyrdd, sy'n brecio ar y munud ola ac yn gwrthdrawo y gârs; dylai yn sicr aros yn y gwesty agosaf cyn i ludded dreifio a gyrru fod yn achos iddo gael danwain angheuol.

Ar wahan i'w berthynas gyda lludded neu flinder gyrru dylid ystyried goddiweddyd (overtaking) ar ei ben ei hun. Ynddengys yn amlwg fod y perygl wrth oddiweddyd yn cynyddu fel mae cyflyndra caeedig yn cynyddu - newn geiriau eraill y lleiaf o anser sydd gan yrrwr i sbario, y mae arno angen mwy o anser i ymateb, ond nid yw arwyddocâd hyn i rai gyrrwyr mor amlwg - os oes unrhyw anhauaeth ynglyn a goddiweddyd yna dylid ei chirio.

Dangosodd ymchwil seicolegol fod cymeryd risg yn cynyddu pan fo angylchiadau angylchedd yn oedi yr ymgais i wneud y symudiad. Mewn dreifio golyga hyn fod gyrrwr a rwystrodd yn ei ymgais gyntaf i oddiweddyd, yn aml yn debygol o geisio gwneud symudiad i oddiweddyd sy'n llawer mwy peryglus pan ddaw'r cyfle nesaf. Dangoswyd hefyd fod unigolyn yn debygol o fentro mwy wrth ddreifio pan fo'n un aelod o grŵp o yrrwyr.

Mae'r cyfeiriad blaenorol at gyflyndra caeedig newn goddiweddyd yn arwain yn naturiol at brisiad o gyflyndra per se yn ei berthynas â diogelwch ar y ffordd. Mae'r gyrrwr cyflyn a'r gyrrwr araf yn fwy tebygol o gael danweiniau ar y ffordd na'r gyrrwr o gyflyndra-cyffredin, a gall y gwahanol gyflyndra fod yn gysylltiedig âg agwedd ymosodol neu oedran y gyrrwr. Gall colledigion newn gyrrwyr a theithwyr gael eu gostwng hyd at 50 y cant pan roddir y ffin cyflyndra 30 n.y.a. newn grym gan fwy o batrol heddlu, a mesurwyr cyflyndra radar amlwg.

Mae canfod cyflyndra yn dod yn fwy annibynadwy fel mae cyflyndra yn cynyddu. Felly, dylai'r gyrrwr cyflyn sylweddoli ei fod yn ei gwneud yn fwy anodd i yrrwyr eraill ancangyfrif ei gyflyndra, ai fod yn eu gorfodi hwy i wneud pender-

fyniadau sydyn sydd ddim bob anser yn rhai cywir. Er fod cyfradd damweiniau yn ôl cerbyd/milltir yn uwch yn yr ardaloedd trefol mae gerwindeb y niweidiau yn 50 y cant yn fwy yn yr ardaloedd gwledig uwch eu cyflyndra.

Ffactor ffisiolegol bwysig arall mewn perthynas â damweiniau ar y ffyrdd yw lleihad mewn gwelededd (reduced visibility). Mewn trefi lle ceir goleuni gwael mae mwy o ddamweiniau o ganlyniad i fodurwyr yn methu a gweld cerddwyr a beicwyr nag mewn trefi lle ceir goleuni da ac mae 70 y cant o wrthdrawiadau rhwng cerbydau ysgafn a thu ôl lorïau trwm yn digwydd yn ystod oriau'r tywyllwch. Perygl arall sy'n wynebu'r gyrrwr yw niwl, gan fod yn rhaid iddo ar un llaw ddreifio ar gyflyndra fydd yn ei alluogi i aros os bydd rhywbeth yn ymddangos yn sydyn ar y ffordd o'i flaen, ac ar y llaw arall mae'n rhwng o gadw at rhyw gyflyndra arbenig pan fo mewn llinell o geir. Trwy ddefnyddio gwelediad cylchfesurool gellir cymeryd corneli yn sâff yn ôl 40 m.y.a. er fod y ffenestr flaen yn gwbl afloyw - felly mewn niwl, mwyaf y mae gwelediad blaen y gyrrwr yn afloyw, tuedda i yrru'n gyflymach gan ei fod yn dibynnu ar welediad cylchfesurool a gyda cyflyndra ara mae synbyliad cylchfesurool yn wan. Mewn niwl bydd gyrrwr gofalus yn cysylltu ei gyflyndra gyda'r hyn a wel o'i flaen ac nid gyda'r synbyliad cylchfesurool mae'n gael.

Mewn angylchedd ddi-nôd, fel pan fo niwl, y cerbyd ar y blaen sy'n rhoi'r unig syniad o bellter, a thuedd y gyrrwr yw mynd mor agos ato fel y gall ei weld yn dda (cystal a phe na bai niwl) - mewn geiriau eraill, mae'n llawer nes at y cerbyd o'i flaen nag a fyddai dan angylchiadau normal - ar ddamcaniaeth seicolegol hon o gysondeb canfodiad ('perceptual constancy') sy'n achosi gwallgofrwydd trafrdd ('motorway madness').

Er fod y rhan fwyaf o'r synbyliad sy'n cyrraedd y gyrrwr yn weladwy mae'n wir fod synbyliad sy'n ymwneud â'r clyw yn gallu cyneryd lle synbyliad gweladwy gan eu bod yn cael eu derbyn ar yr un sianel - golyga hyn nad yw gyrrwr sy'n

cario ynlaen sgwrs ddeallus tra'n dreifio ar stryd brysur yn gyrru'n sâff. Hefyd mae defnyddio ffôn symudol neu ddyfais recordio yn creu dryswch clywadwy sy'n achosi lleihad newn gallu gyrru gan fod sylw'r gyrrwr yn cael ei anharu a'i rannau yn ogystal a'r ffaith yr achosir dryswch wrth weithio'r cyfarpar. Fodd bynnag, os yw'r gyrrwr yn ymwybodol fod y synbyliad clywadwy yn ormod, cyn belled ac mae ei gynlluniau newn perthynas i'w fodur yn y cwestiwn, yna gall y synbyliad clywadwy fod o fudd i synbylu'r gyrrwr lluddedig, fel y gwna radio nodur. Mae effeithiau synbylu hon yn gwrthweithio ei synbyliad clywadwy dryslyd.

Mae'n ddifrifol sylweddoli fod un glasiad o sieri yn effeithio ar allu i ddreifio er gwaetha'r ffaith fod y gyrrwr o ganlyniad yn twriadol yn ceisio dreifio'n fwy gofalus ac araf. Mae'r uchafswm lefel presennol o alcohol a ganiateir yn y gwaed (sef 80 mg./100 ml.) yn un hael cyn belled ac mae'r gyrrwr yn y cwestiwn, a dylid sylweddoli fod lefel llawer is o alcohol yn y gwaed yn anharu ar effeithiolrwydd dreifio.

Mae'r ychydig o alcohol a gymerir yn gyffredin gan yfwyr cyndeithasol yn cynyddu'r perygl o ddanweiniau ar y ffyrdd pan ddigwydd angylchiadau annisgwyl. Yr unig gyngor y gellir ei roi i'r rhai sy'n gyrru ac yn yfed yw - Peidiwch.

Ar y dechrau dywedais ei bod yn anymarferol rhoi prawf 'tueddiad i ddanwain' i fodurwyr preifat, ond yn awr hoffwn gymhwyso y gosodiad yna trwy ddweud fod rhai adrannau o'r boblogaeth yn achosi nwy o ddanweiniau nag eraill. Dangoswyd drosodd a throsodd fod y person allblyg yn fwy tueddol o gael ei ddedfrydu am yrru diogel na'r sawl sydd â phersonoliaeth normal neu fewnblyg. Mae hyn yn ategu'r grŵp fod gyrrwyr gydag anianawd ymosodol yn fwy tebygol o fod yn gysylltiedig â danweiniau na gyrrwyr normal.

Ar sail tystiolaeth ystadegol dda, mae Cwmnïau Xswiriant yn sylweddoli fod gyrrwyr ifanc yn tueddu i fod yn ddiogel, oherwydd mae cyfradd danwain yn ôl y

filltir yng ngrŵp yr arddegau diweddar yn bum gwaith y cyfradd i'r holl oeddrannau eraill. Dangoswyd hefyd fod personau gyda troseddau ffyrdd difrifol wedi cael mwy na'u siar o droseddau dybryd eraill yn eu herbyn, a dangosodd gwaith Americanaidd fod cydberthynas rhwng dinasoedd gyda nifer uchel o farwolaethau ar y ffyrdd a chyfradd uchel o lofruddiaethau a hunanladdiad.

Dywedir yn aml nad yw merched sy'n dreifio yn sâff a chefnogir y syniad yma gan y ffaith nad yw merched yn naddu cystal canfyddiad yn ymwneud â lle neu ofod (spatial perception) â dynion. Er gwaethaf hyn mae'n ffaith fod merched yn cymer- yd llai o fentr na dynion, a'u bod yn gysylltiedig â din ond hanner y damweiniau a achosir gan ddynion o'r un grŵp oedran.

I derfynu, mae damweiniau ar y ffyrdd yn debygol o ddigwydd ar ôl dreifio hir a maith, adeg symudiadau i oddiweddyd, mewn dreifio grŵp, adeg cyflymdra uchel, pan fo gwelededd yn isel, pan fo gwregysau sêdd heb gael eu gwisgo, pan fydd yn rhaid ateb ffôn symudol neu pan fo siaradwr dibaid yn gyd deithiwr, pan fo'r lefel isaf a ganfyddir o alcohol yn y gwaed yn bresennol, yn enwedig mewn dynion ifanc ymosodol.

Dibynna diogelwch ar y ffordd ar eich ymwybyddiaeth chi o'ch personoliaeth a'i gyfyngiadau, a'r ffaith y gallwch ddwyn trasiedi i eraill yn ogystal ag i'ch teulu a chi eich hun.

Gwelir adroddiad mwy manwl o waith yr Adran Iechyd Cyhoeddus sy'n cynnwys darn gan yr Arolygwr Iechyd Cyhoeddus yn y tudalennau canlynol.

VITAL STATISTICS

	<u>1969</u>	<u>1970</u>	<u>1971</u>
1. <u>LIVE BIRTHS</u>			
Total	11	8	8
Leg: ..	11	8	8
Illeg: ..	0	0	0
Rate per 1,000 population (crude)	12.6	9.2	10.5
Rate per 1,000 population (adjusted)	20.0	14.6	16.7
Rate per 1,000 population England and Wales ..	16.3	16.0	16.0
Illegitimate live births per cent of total live births	0	0	0
2. <u>STILLBIRTHS</u>			
Total	0	0	1
Leg: ..	0	0	0
Illeg: ..	0	0	1
Rate per 1,000 live and stillbirths	0	0	111
Rate per 1,000 live and stillbirths England and Wales	13	13	12
3. <u>TOTAL LIVE AND STILLBIRTHS</u>			
	11	8	9
4. <u>PERI-NATAL DEATHS</u> (Stillbirths plus early neo-natal deaths)			
Total	0	0	1
Leg: ..	0	0	0
Illeg: ..	0	0	1
Rate per 1,000 total live and stillbirths	0	0	111
5. <u>EARLY NEO-NATAL DEATHS</u> (deaths under one week)			
Total	0	0	0
Leg: ..	0	0	0
Illeg: ..	0	0	0
Rate per 1,000 total live births	0	0	0
6. <u>NEO-NATAL DEATHS</u> (deaths under four weeks)			
Total	0	0	0
Leg: ..	0	0	0
Illeg: ..	0	0	0
Rate per 1,000 total live births	0	0	0

1969 1970 1971

7. INFANT DEATHS (total deaths under one year)

Total	0	0	0
Leg: ..	0	0	0
Illeg: ..	0	0	0
Rate per 1,000 total live births	0	0	0
Legitimate infant deaths per 1,000 legitimate live births ..	0	0	0
Illegitimate infant deaths per 1,000 illegitimate live births	0	0	0

8. MATERNAL DEATHS (including abortion)

Number of deaths	0	0	0
Rate per 1,000 total live and stillbirths	0	0	0

DEATHS

Total	15	17	16
Rate per 1,000 population (crude)	17.2	19.5	21.1
Rate per 1,000 population (adjusted)	8.9	11.1	12.0
Rate per 1,000 population England and Wales ..	11.9	11.7	11.6

Area comparability factor for births	1.59	1.59	1.59
Area comparability factor for deaths	0.52	0.57	0.57

POPULATION STATISTICS

Area(in acres)	281
Population (census 1961)	954
Population (Registrar General's Estimated Mid-Year Population for 1971)	760

CAUSES OF DEATH

(Headings with no deaths allocated are omitted)

<u>Causes of Death</u>	<u>Number of Deaths</u>		
	<u>Male</u>	<u>Female</u>	<u>Total</u>
Malignant Neoplasm, Stomach	1	-	1
Malignant Neoplasm, Intestine	1	-	1
Malignant Neoplasm, Breast	-	1	1
Other Malignant Neoplasms	1	-	1
Chronic Rheumatic Heart Disease	-	1	1
Ischaemic Heart Disease	2	3	5
Other Forms of Heart Disease	-	1	1
Cerebrovascular Disease	-	2	2
Other Diseases of Circulatory System	-	1	1
Pneumonia	2	-	2
<hr/>			
TOTAL:	7	9	16
<hr/>			

INFECTIOUS DISEASES

The following is a list of the notifications of infectious disease, other than tuberculosis, received during the year:-

[illegible]

TUBERCULOSIS

The following table shows the sex and age distribution of the new cases notified during the year:-

AGE GROUP	RESPIRATORY		NON-RESPIRATORY	
	Male	Female	Male	Female
5 - 14	-	-	-	-
15 - 24	-	-	-	-
25 - 44	-	-	-	-
45 - 64	-	-	-	-
65 +	-	-	-	-
TOTAL	-	-	-	-

SECTION 47 OF THE NATIONAL ASSISTANCE ACT 1948

No action was required to be taken under this section during the year.

GENERAL PROVISION OF PREVENTIVE PERSONAL HEALTH SERVICES IN THE AREA

These remain essentially the same as in previous years, and are under the control of the County Council.

W. J. St. E.-G. RHYS

MEDICAL OFFICER OF HEALTH

ANNUAL REPORT OF THE PUBLIC HEALTH INSPECTOR
FOR THE YEAR 1971

I have pleasure in submitting my report for the year ending on 31 December 1971.

WATER SUPPLY

The Cardiganshire Water Board is responsible for the water supply for the District. Improvements undertaken have greatly assisted in maintaining a sufficient supply during the peak holiday periods.

There are no public swimming baths in the district.

DRAINAGE AND SEWERAGE

The system continues to function reasonably well despite abnormally high loading during the holiday periods. A scheme for the sewerage of a large part of the surrounding Rural District Council area, capable of draining to New Quay, is being designed at present; this new system will also pick up the New Quay sewerage by gravity and pumping and dispose of the effluent by means of a submarine outfall discharging in deep water through specially designed nozzles some 4,500 feet out in the Bay.

This system of disposal, although not ideal, will be a tremendous improvement on the existing outfall discharging at low water mark.

PUBLIC CLEANSING

Refuse is collected by the Council employees and this service covers the whole area of the Urban District.

Refuse disposal takes place at Aberaeron Rural District Council's refuse tip at Rhydeinion, which is four to five miles from New Quay. The covering and control of the tip is carried out by the Rural District Council.

The collection of refuse during the holiday period presents the Council with their most time consuming problem. The twice-weekly collection involves the whole of the labour force for the greater part of the week.

By far the greatest volume of refuse consists of waste paper and cardboard boxes and these items rapidly fill the collection vehicle, which then has to travel to the tip some four miles away.

The occupiers of the business premises have again been asked to co-operate and flatten all boxes to prevent voids, and this is having the desired effect.

Litter

Much is being done to try to make the public "Litter Conscious" and the provision of ample and more attractive litter bins has helped towards this end.

Despite the publicity given to this problem on television and in the national press, members of the public continue to leave the beaches and quayside in a filthy condition, and this gives any resort a bad name - it is ironical that it is the very people who come to enjoy our clean beaches, are the ones who complain when they arrive on the beach next morning and find it littered with their own rubbish.

HOUSING INSPECTIONSNumber of houses inspected:

Under the Public Health Act 1936	22
Under the Housing for Improvements	16
Number of houses inspected after infectious diseases	Nil

Notices Served - Public Health Act:

Number of informal notices served	6
Number of informal notices complied with	6
Number of statutory notices served	Nil
Number of statutory notices complied with	Nil

Housing Repairs and Rents Act 1954 and Housing Act 1957:

1. Unfit houses closed or declared unfit	Nil
2. Houses in which defects were remedied after informal action	Nil

HOUSING ACT 1949, HOUSING REPAIRS AND RENTS ACT 1954Improvement Grants - Discretionary

Number of applications
approved

7

Approved Expenditure

£5,735

APPROVED GRANTS

£3,476

Number of payments made

2

Amount Paid

£868

HOUSING PURCHASE AND HOUSING ACT 1959Improvement Grants - StandardApplications received

2

Approved Grants

£500

Number of payments made

Nil

Total payments

Nil

RENTS ACT 1957

1. Number of applications for certificates of disrepair Nil
2. Number of decisions not to issue certificates Nil
3. Number of decisions to issue certificates Nil
4. Number of certificates of disrepair issued Nil
5. Number of applications by landlords for cancellation of certificates Nil

PREVENTION OF DAMAGE BY PESTS ACT

All types of premises were visited and where necessary advice was given and poison baiting was carried out. All infestations were treated by the Council's Rodent Operator. Twenty-three treatments were carried out during the year in private dwellings. The refuse tip at Gilfachrheda, although not now used, is continually kept under observation and baits laid when necessary. All were minor infestations.

THE CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT 1960

Number of licensed caravan sites 5
 Number of inspections of caravan sites 40

The five sites, with their maximum number of caravans are:-

1. Raymond Caravan Park 250 caravans
2. Traeth Gwyn Caravan Park 116 caravans
3. Neuadd Caravan Park 85 caravans
4. Rectory Field Caravan Park 20 caravans
5. Mindraeth Caravan Park 2 caravans

Total: 473 caravans

The caravan sites are generally well maintained. Two of the sites are self-contained in that shops and licensed clubs are available to the caravan-dwellers on the site concerned.

The amount of caravan and chalet development which has taken place around New Quay has greatly increased the summer population and at peak season the essential services are stretched to their limits.

Complaints received were dealt with promptly.

BURIAL AND CREMATION OF THE DEAD

National Assistance Act 1948 (Section 50)

Number of persons buried by the Authority Nil

Municipal Cemetery

Number of persons buried from within the district 7
 Number of persons buried from outside the district 2

The cemetery is under the care of Mr. Alan Williams who supplied the above information.

A number of further improvements will be carried out at the Council's cemetery in the near future.

COUNCIL HOUSES

Number of Council Houses in the district 28
 Number of Council Old People's Bungalows 6

These are all situated on an estate at "Cylch-y-Llan" and on the whole are excellently maintained.

Flats - Prospect Place 2

MILK SUPPLY

Number of retailers within the district 2
 Number of dairies Nil

Milk Supplies - Brucella Abortus

The sampling of raw milk sold within the area for Brucella Abortus and antibiotics is done in conjunction with the sampling of the Aberaeron Rural District Council.

Brucella Abortus - Not Isolated
 Antibiotics - No Trace

INSPECTION AND SUPERVISION OF FOOD PREMISES

Number of inspections of meat shops and vans	36
Number of inspections of restaurants and public houses	70
Number of inspections of premises where ice-cream is sold	34
Number of inspections of dairies	Nil

The standard of food premises within the area, in general, remains high and regular inspections are made to ensure that these standards are maintained, but a note of caution must be given as the increase in popularity of the resort is beginning to stretch some food premises above the limits for which they were originally intended. These premises are still being induced to expand their preparation and storage facilities in order that they are able to operate within safe Public Health limits.

UN SOUND FOOD

During the year one box of eight chickens was voluntarily surrendered for disposal by the Local Authority.

SLAUGHTER OF ANIMALS ACT 1933

Licences issued to slaughtermen Nil

There are no slaughterhouses in the district.

FOOD POISONING

There was no notified case of food poisoning during the year.

/FACTORIES ACT 1937 AND 1948.....

FACTORIES ACT 1937 AND 1948Inspection during the year

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
1. Factories in which Section 1,2,3,4 & 6 are to be enforced by the Local Authority	3	7	-	-
2. Factories not in- cluded in (1) above in which Section 7 is en- forced by the Local Authority.	4	9	-	-
3. Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises)	-	-	-	-
TOTAL	7	16	-	-

/OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963.....

OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963

One new premises was registered during the year, and the totals are now as follows:--

Offices	3
Retail shops, warehouses	5
Catering establishments open to the public	7
	<hr/>
Total:	15
	<hr/>

The number of inspections during the year 26

I should like to thank the Members of the Council and the staff for their assistance and co-operation during the year.

MANSEL HUGHES

PUBLIC HEALTH INSPECTOR

Public Health Department,
Pier Buildings,
NEW QUAY,
Cardiganshire.

